

MEN and BOOKS

THE EARLY HISTORY OF THE WORD "PSYCHOSOMATIC"*

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What is mind? No matter. What is matter? Never mind!
(Attributed to Thomas Hewitt Key, 1799-1875, Headmaster of University School, London.)
(Someone later added *What is soul? It is immaterial!*).

We hear much these days about the "new" word *psychosomatic*, and the "new specialty" of psychosomatic medicine. Most psychiatrists dislike the adjective psychosomatic and decry the loose use of it: as C. B. Farrar said, it is "a term that should be superfluous".⁹ We all know that it tends to emphasize the dichotomy or duality of psyche and soma, whereas most of us find it more practical and theoretically more satisfying to consider mind and body as a biological unity, the psyche and the soma being inseparable aspects of the individual organism. In spite of a very excellent article some years ago by Gregory Zilboorg^{23 b, c} on the history of psychosomatic medicine, many doctors, even psychiatrists, do not realize the antiquity of the term psychosomatic or of the psychosomatic concept, and persist in regarding the present flood of publications in this branch of medicine as something new.

It is not my intention to discuss the history of the mind-body relationship in this paper. Nor is it my intention to define psychosomatic medicine, which to me has never meant anything new, and has merely implied *good* medicine, which takes into account every facet of the sick person—mind and body as one. The word, which is certainly unsatisfactory, is so deeply entrenched in the literature that it will never be eradicated. However, let us hope that over the years it will be used less frequently or at least used more accurately, and that it will not point out another "sub-specialty" of medicine. A great deal remains to be written on the history of psychosomatic medicine, and this essay is to treat only of a very small part of it, namely the early use of the term *psychosomatic*.

A number of authors^{2, 5, 6, 16, 25, 26, 31, 32 a, b, c} have pointed out that in 1838, Christian Friedrich Nasse (1778-1851) and Maximilian Jacobi (1775-1858) founded a new periodical entitled "Zeitschrift für die Beurtheilung und Heilung der krankhaften Seelenzustände". G. Reimer in Berlin published the journal, and only one volume, for the year 1838, ever reached print. This book contained 19 essays, written by F. Nasse, M. Jacobi, C. F. Flemming, P. W. Jessen,

and A. Zeller. All the contributors were disciples of the "somatic" school which flourished in Germany during the first half of the 19th century. Each of the first two articles^{24a, 15b} in the new publication contained the word *somatisch-psychischen* in the titles, and in the first paper the reverse term, *psychisch-somatisch*, occurred in the text. Nasse^{24a} stated: "the business of recognizing, preventing and treating conditions of mental disorder (*Irreseyn*) rests upon the fundamental investigation of the simultaneously psychic and somatic activity of man. Here it finds its scientific support, from here on it gains light and learns the road" (Overholser's translation²⁶). Most of Nasse's writings were not as broad as this statement, which could be cited as a very excellent statement of psychosomatic medicine as we like to think of it today. Usually he took a rigidly organic view of mental illness.

The year 1838 should not go down as the date at which psychosomatic medicine started, because the principle of the organism-as-a-whole, mind and body together, is almost as old as history itself. Nor should 1838 be taken as the year in which the adjective psychosomatic was first used. When and where the term originated is impossible to say, but it would probably be safe enough to state that it came into vogue soon after the commencement of the 19th century, and it is probably of German or English origin. A large number of medical terms having Greek roots came into common use at that time, very likely because it was the era when it became acceptable for medical writers to switch from Latin to their native tongues, particularly to German, French, Italian, and English. *Psyche* and *soma* and *psychic* and *somatic* were used independently long before they were combined. Even more commonly used were soul and body, mind and body, mind and matter, spirit and flesh, soul and flesh, mental and physical, moral and corporeal, moral and physical, functional and organic, psychic and corporeal. The combined terms *psycho-physical* and *psycho-organic* were frequently used prior to the introduction of the term *psychosomatic*. *Psychical medicine* and *mental medicine* were also employed, as were *psychic* and *psychotherapy*.

In the first quarter of the 19th century there were hot discussions going on in England about matter, life, mind and "organization". These arguments were extremely complicated because many of the participants had rigid and pious minds which resulted in a confusion of religion and philosophy with medicine and common sense. John Abernethy (1764-1831) in 1815¹ during his lectures before the Royal College of Surgeons in London spoke of the Greek *soma* (body), *psyche* (vital principle or life) and *nous* (mind or spirit). Thomas Forster (1789-1860), under the pseudonym "Philostratus",²⁷ wrote a small volume based on the writings and lectures of Abernethy and others concerning life and

* This investigation was supported by a grant from the Ciba Co. Ltd., Montreal, Que. The author is grateful to Dr. B. L. Frank, Medical Director of Ciba, who has been most encouraging and helpful.

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organization, and compounded the terms in his book "Somatopsychonologia . . . etc." This meant the science of body, life and mind. As an early tract on psychosomatics, this book is well worth reviewing. An anonymous reply to Philostratus appeared in 1823.³

There were several uses of the term *psychisch-somatisch* prior to 1838, e.g., by Friedrich Groos¹¹ (1768-1852) and John Baptist Friedreich¹⁰ (1796-1862). Farrar,^{9b} in discussing Groos's writings, translated the term into English as *psycho-somatic*. Groos must be credited with a very practical psycho-somatic approach for his day. He utilized what we might call a hierarchical epigenetic layer concept to formulate a happy medium in the no-man's land between psyche and soma which existed at that time. Groos considered that the normal mind constantly tried to realize "good". A weakening or absence of this drive constituted the basis of insanity. This basic factor he called the "psychic negative". To this negative it was necessary that a "somatic positive", in the form of an organic abnormality, be added so that a mental illness would result. In this way he postulated that both psychic and somatic factors played parts as a psycho-somatic basis for insanity. Friedreich's work is a classic, and contains a very full discussion of the Psychic and Somatic schools in Germany. It would be valuable to have this book translated into English. Nasse^{24b} as early as 1822 used the combined term "*psycho-somatologie*".

The earliest reference to the term *psychisch-somatisch* which the author has so far been able to find occurs in Heinroth's¹³ "Lehrbuch . . ." of 1818, part 2, paragraph 313, p. 49 (*vide infra*). Johan Christian August Heinroth (1773-1843) was Professor of Psychiatry at Leipzig, and the leader of the so-called "Spiritualistic" or "Psychic" school of psychiatry in Germany at the time. Heinroth's chief opponent in the battle of mind and matter was Maximilian Jacobi, head of the Siegburg Asylum and the generally acknowledged leader of the "Somatic" or "Organic" school. According to Leupoldt,²¹ Jacobi "committed infanticide by killing Heinroth's psychiatry". Heinroth (ref. 13, and frequently quoted by others) was responsible for great advances in psychiatry, although some of his religious explanations of mental mechanisms and insanity were bitterly attacked. He regarded the body and soul as one, madness as a disease of the entire being. Mental health was harmony of thought and desire, disease a loss of this balance. The soul was a free force, excited by stimulation and through provocation, and endowed with the power of choice between good and evil. The body was the external part of the ego, the organ of the soul, and the senses were the intermediary, "the witness that body and soul are one". Madness was a wild destroying activity of the will, an unfree state of the soul, and all unfree states of soul were due

to sin and evil passions, i.e., fall from grace. The only prophylactic against insanity was Christian faith, and the final treatment was a pious life with absolute devotion to God. Because of Heinroth's statement that sin and evil were the roots of insanity, he had to explain why so many of the vicious and criminal population did not fall prey to madness. He did this by postulating that vice and insanity were each the goals of two divergent paths or developments which both had sin for their point of departure. In spite of Heinroth's Bible pounding, he was apparently a very fine clinical psychiatrist, who did not practise too closely that which he preached. Amdur² summarized this very concisely: "It seems that his tendency toward moral discourses left him when he deserted the field of theory and approached the patient. He admonished his students to observe, classify and treat". A glance at the passage from Heinroth translated in this paper will indicate the care and thought which he at all times exercised in his therapy. It is easy to see how he aroused opposition, and probably his most outspoken enemies spoke out after the poor man was dead. For instance, after quoting a passage from Heinroth's "Lehrbuch", Bucknill and Tuke⁵ stated, "It would seem impossible to compress within a single paragraph a larger amount of false and mischievous teaching. It should only be retailed after being duly labelled 'Poison'." Bucknill and Tuke of course were organically inclined, extremists at the somatic end of the psychosomatic see-saw.

The sentence in which Heinroth used the term *psychisch-somatisch* reads as follows: "Gewöhnlich sind die Quellen der Schlaflosigkeit psychisch-somatisch, doch kann auch jede Lebenssphäre für sich allein den vollständigen Grund derselben enthalten".

The complete paragraph containing this sentence is of considerable interest, and it is felt that an English translation of it will prove useful:

"Even the ancients paid much attention to insomnia in mental conditions as is proved to us by the laws which Celsus compiled on this subject. And indeed insomnia helps to perpetuate excitement in mental illness. It is not enough to investigate only into the various sources of insomnia—which however is necessary to eliminate it completely. One also has to see to the effects and end-results of insomnia, in order to see in what way these might not only be disadvantageous but also of therapeutic value; and, having arrived at such conclusions one has to formulate one's future course (of treatment). As a general rule, the origin of insomnia is psycho-somatic, but it is possible that every phase of life can itself provide the complete reason for insomnia. Even when we are well we do not sleep if some object keeps our interest vividly occupied; in the same way does sleep escape us when an irritation of the blood stream, of the nerves, of the skin, or of the abdomen keeps us in a perpetual state of excitement; when irritations of both kinds (mental excitement or physical irritation) coincide the result is the worse. The same is the case in psychopathological states: hence the so-called sleep-inducing media, 'the narcotica', rarely serve their

purpose; and hence, through the lack of thorough investigation of the origins, one can seldom overcome insomnia in mentally-ill individuals. Likewise one cannot eliminate insomnia even when one is seeking the psychic stimuli as well as the somatic ones in an irritated circulatory or nervous system, or gastro-intestinal tract, or in the skin, or in the sexual organs, etc. But does one actually know what demands one makes on oneself and on Nature when one tries to remove insomnia? It is true: in the long run insomnia exhausts the patient, taxes his strength, the organs themselves, and worsens his general condition, and drives him to his last resort: but who is to know if this exacerbation and ultimate tension of the pathological condition will not introduce a state of relaxation and bring about once more a return to normality? Experience has often shown us that through insomnia the most violent manic conditions and similar states are brought down from their peaks (intensities) to a state of relaxation and rest and ultimately to sleep itself; it would be more detrimental to attempt to alleviate the patient's tension forcefully to the point of inducing sleep than to have him remain awake. Therefore, in cases where it is not obvious that irritations which can be removed keep away sleep, it is better, at least in the beginning, to disregard the ill-effects but to closely observe its effects. If however one desires to render help, one has to clearly realize the location of the irritation. Sometimes alleviation is brought about by evacuation of the gastro-intestinal tract, at others by blood-letting, or blistering, or a glass of matured wine, which opium and similar drugs rarely do. The diagnostics of the somatic physician teach us how to differentiate."

The clinical judgment, diagnostic acumen and therapeutic skill of the author as evidenced in this passage cannot be doubted. In it may be discerned a true psychosomatic approach, and an understanding of what might be paralleled to our modern concept of "homeostasis".

SUMMARY

This paper consists of a discussion of the early use of the term *psychosomatic*, emphasizing Heinroth's use of it in 1818, and commenting upon some of his psychological concepts relative to his ideas of body and soul.

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Dr. Alfred Cox

Dr. Alfred Cox, formerly Secretary of the British Medical Association, has written the story of his life in his own straight-forward fashion.* It is a story that should appeal to doctors everywhere, since almost his whole professional life has been devoted to the idea of having doctors work together for the good of their patients as well as their own. One might say that from his earliest days he seemed predestined to be a secretary and organizer.

He came into medicine the hard way. First he was an unqualified assistant, then graduated after four years of study at the University of Durham serving during these years as dispenser-assistant to a physician for his board, lodging and £1 a month. After graduation came general practice in Gateshead just over the river from Newcastle. He succeeded in forming the first Gateshead Medical Association

* Among the Doctors. Alfred Cox, formerly Medical Secretary of the British Medical Association, 224 pp. \$3.00. Christopher Johnson, London W.C.1, 1950. The Ryerson Press, Toronto.